

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-029702

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 333Primary Registration District No. 3074Registrar's No. 154DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/591007206-70

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12 1-013 2-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Registration District No. 333Primary Registration District No. 3074Registrar's No. 154

## 1. PLACE OF DEATH

a. COUNTY

Scott

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Sikeston

Length of stay in lb

3 days

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

Mo. Delta Community Hospital

Inside Limits

No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before

a. STATE

Missouri

b. COUNTY

Mississippi

Inside Limits

Yes ☐ No ☒c. CITY  
OR TOWN

Charleston

d. STREET  
ADDRESS

Route 1, Box 134

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED  
(Type or print)

First

Dock

Middle

(Doc)

Last

Craig

4. DATE  
OF DEATH

Month

July

Day

17, 1962

Year

## 5. SEX

Male

## 6. COLOR OR RACE

Col.

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

12/25/1896

## 9. AGE (last birthday)

65

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

## 10b. KIND OF BUSINESS OR INDUSTRY

## 11. BIRTHPLACE (City and state or country)

Greenwood, Miss.

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

Charlie Craig

## 13b. MOTHER'S MAIDEN NAME

Betty Thomas

## 14. NAME OF HUSBAND OR WIFE

Willie Mae Craig

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

L. C. Keller, R. 1, Box 233, Charleston, Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Pulmonary edema

## INTERVAL BETWEEN ONSET AND DEATH

Days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

Congestive Heart Failure

Unknown

## DUE TO (c)

Arteriosclerotic Heart Disease

Unknown

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Anemia, Myocardial Infarction

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☐

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

## 21. I attended the deceased from

7-14-62 to 7-17-62

and last saw her alive on 7-16-62

Death occurred at

3:15 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Thomas Walling, M.D.

## 22b. ADDRESS

Charleston, Mo.

## 22c. DATE SIGNED

7-17-62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

7/20/62

## 23c. NAME OF CEMETERY OR CREMATORY

Oak Grove Cemetery

## 23d. LOCATION (City, town, or county)

Charleston, Missouri

(State)

## 24. FUNERAL DIRECTOR

ADDRESS

Charleston, Mo.

## 25. DATE RECD. BY LOCAL REG.

July 24-1962

## 26. REGISTRAR'S SIGNATURE

Jeanette Waldman

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SEP 5 1962

JUL 30 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*James A. Carter*

Licensed Embalmer No.

P. O. Address

*468  
Cville, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

*Permit received July 27, 1962*